| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER |  |  |  |
| FORMALITY REVIEW |  |  |  |
| RESPONSE FORMALITY REVIEW |  |  |  |
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## INDEX OF CLAIMS

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|---|---|---|
| ✔ ........................... Rejected | N ............................... Non-elected |
| = ........................... Allowed | I ............................... Interference |
| − (Through numeral)... Canceled | A ............................... Appeal |
| ÷ ........................... Restricted | O ............................... Objected |

| Claim Final | Original | Date 3/0/4 | | | | | | |
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If more than 150 claims or 10 actions
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